

I hereby certify that this correspondence is being deposited with the United States Postal Service first class mail in an envelope addressed to:  
Assistant Commissioner for Patents, Washington, D.C. 20231, on  
April 14, 2003  
QUINE INTELLECTUAL PROPERTY LAW GROUP, P.C.  
By: Jane Brooks

Atty Docket No: 407E-914026US  
Client Ref: 92-005-E



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Daniel J. Pinkel; Joe W. Gray; Anne Kallioniemi; Olli-Pekka Kallioniemi; Frederic Waldman  
Application No.: 09/912,818

Filed: 7/24/2001

For: **Comparative Genomic Hybridization**

Examiner: Fredman, J.

Art Unit: 1655

**AMENDMENT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

In response to the Final Office Action dated November 14, 2002, Applicants respectfully request reconsideration of the above-identified application in view of the following amendments and remarks. The following document(s) is/are enclosed herewith:

- 1) A petition to extend the period for response by 2 months; and
- 2) A Terminal Disclaimer; and
- 3) Henderson's Dictionary of Biological Terms (Longman Group UK Limited 1989), pages 24, 25, and 557.

Please amend the specification and/or claims as follows.

**In the Claims:**

Cancel claims 62-67 and 77-86 without prejudice.

These amendments are made without prejudice and are not to be construed as abandonment of the previously claimed subject matter or agreement with the Examiner's position. In accordance with the requirements of 37 C.F.R. § 1.121, a marked up version of the claims showing the changes, is attached as Appendix A. For the Examiner's convenience, a complete set of the currently pending claims is also provided as Appendix B.

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Please type a plus sign (+) inside this box → **[+]**

Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

AF/1637/88

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APR 22 2001

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/912,818
		Filing Date	July 24, 2001
		First Named Inventor	Daniel Pinkel
		Group Art Unit	1637
		Examiner Name	J. Fredman
Total Number of Pages in This Submission	20	Attorney Docket Number	407E-914026US

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APR 25 2003

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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> receipt acknowledgment postcard
<input type="checkbox"/> Extension of Time Request	<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Express Abandonment Request	Remarks	
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

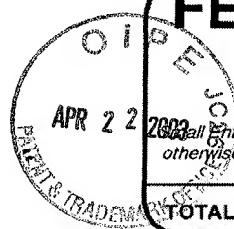
Firm or Individual name	Emily M. Haliday, Reg. No. 38,903, Quine Intellectual Property Law Group P.C.
Signature	
Date	April 14, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **4-14-03**

Typed or printed name	Tracie Brooks
Signature	
Date	4-14-03

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# FEE TRANSMITTAL for FY2002

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$ 520)

## Complete If Known

Application Number	09/912,818
Filing Date	July 24, 2001
First Named Inventor	Daniel Pinkel
Examiner Name	J. Friedman
Group / Art Unit	1637
Attorney Docket No.	407E-914026US

## METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **50-0893**  
Deposit Account Name Quine Intellectual Property Law Group, P.C.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- Payment Enclosed:  
 Check     Money Order     Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
----------------------------	----------------------------	-----------------

101	750	201	375	Utility filing fee
106	310	206	155	Design filing fee
107	480	207	240	Plant filing fee
108	690	208	345	Reissue filing fee
114	160	214	80	Provisional filing fee

## Fee Paid

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	=
Claims	- 3** =	X	=
Multiple Dependent			=

\*\*or number previously paid, if greater; For Reissues, see below

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description		
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	410	216	205
117	930	217	465
118	1450	218	725
128	1970	228	985
119	320	219	160
120	300	220	150
121	280	221	130
138	1,510	138	1,510
140	110	240	55
141	1,300	241	650
142	1,300	242	650
143	430	243	215
144	580	244	290
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	690	246	345
149	690	249	345
Other fee (specify) <b>Terminal disclaimer 1.20(d)</b>			110
Other fee (specify)			
* Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ 520)

## SUBMITTED BY

Typed or Printed Name	Emily M. Haliday	Reg. Number	38,903
Signature	<i>Emily M. Haliday</i>	Date <i>Apr. 14, 2003</i>	Deposit Account User ID

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Signature	<i>Tracie Brooks</i>	Date	4-14-03